

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL	<u>170-2123</u>		
8110	8115	8120	8205
SEP 25 2002			

SECTION A

1. Company Name St. Mary's Hospital
2. Permit Number if applicable: 26210004-1
3. Location: 211 Pennington Avenue, Passaic, NJ 07055
4. Mailing Address: same
5. Person to contact concerning information provided in this application:
- Name of Contact Official: Luis Collar
- Title: Director of Engineering Phone Number: (973) 470-3044
- Address: same
6. Number of Employees: Full Time: 600 Part Time: 300
- Number of Work Days Per Year: 365 work days
- Number of Shifts Per Day: 3 shifts
7. If property is owned indicate block and lot number(s):
- Block 254; Lots 1,3,5,8,9,11,22,27,30,33,37
- Assessed Value: N/A tax exempt
8. If property is rented indicate name and address of owner:
- N/A
9. List NJDES Permit number, if applicable, N/A and name of receiving body of water entered N/A

8,479,264.†
2,826,422.†
3,782,701.†
003
15,088,387.*

3,872,172.†

3,944,264.†

3,635,048.†

3,636,903.†

004

15,088,387.*

SECTION B**WATER DATA**

10. Water Source: (all appropriate answers)

Purchased Y - N

Well Y - N If Y, is it metered Y - N

River Y - N If Y, is it metered Y - N

11. Name of purchased water supplier: Passaic Valley Water Commission

List all Account #s 123193-67336 "E"; 123189-67200 "D"; 119523-67330; 125803-67202; 123195-67338 "A";

12. Water Received From: Month 7 Year 01 Through: Month 6 Year 02.

(* Next to a figure means it is estimated.)

	Purchased	Well	River	Total
1st Quarter	3,872,172	N/A	N/A	3,872,172
2nd Quarter	3,944,264	N/A	N/A	3,944,264
3rd Quarter	3,635,048	N/A	N/A	3,635,048
4 th Quarter	3,636,903	N/A	N/A	3,636,903
GRAND TOTAL (report in gallons)				15,088,387

13. Water Use and Disposition (*Next to a figure means it is estimated.)

	Gallons Sanitary/Combined Sewer	Discharged Stormsewer/River/ Ditch	Gallons Used/Other
Sanitary Service Only	*8,479,264		
Process Waste Water	*2,826,422		
Cooling Water			
Evaporation			3,782,701
Contained in the product			
Other (Describe)			
GRAND TOTAL	15,088,387		

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

to the Separate Sanitary Sewer No
 to the Combined Sewer No
 to a storm sewer No
 river or ditch No

15. Waste Hauler Information List all firms and/or independent contractors used to remove process waste or sludge from this facility (see Appendix A for waste manifest).

Contractor	Address	ICC#	Waste type handled
Cycle Chem Inc./Clean Venture Inc.	217 South First Street Elizabeth, NJ 07206	NA	Hazardous Waste

SECTION C**OPTIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous 24 hrs. or intermittent
NA each operating day.

If the discharge is intermittent, it occurs between the following hours: N/A

17. Brief description of Manufacturing or other activity performed: Hospital (Healthcare)

List SIC CODE #: 8062

18. Principal Raw Materials Used: N/A

19. Principal Products or Services: Healthcare Services

SECTION C (continued)

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics: N/A

Does this facility shutdown for vacations? No If so, is it basically the same time each year? N/A Please provide dates usually shut down N/A

SECTION D**MONITORING**

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet N/A _____

 Outlet _____

 Outlet _____

22. Sampling information:

Outlet	Contains Ind. Waste	Sampler Type	Refrigerated
1	YES	SIGMA-MOTOR 900 SL	YES
2	YES	SIGMA-MOTOR 900 SL	YES

SECTION D

23. Volume Information:

Outlet	Daily Flow (Gallons)	Metered (Yes or No)	Type	Date
--------	----------------------	---------------------	------	------

1	17,982	NO	N/A	N/A
2	9,260	Domestic Waste Only	N/A	N/A
3	14,096	NO	N/A	N/A

24. Frequency of calibration of each flow meter: N/A

25. Attach a plot plan of the property showing:

- a. All existing or proposed sewer and drain lines (including outlets to a storm-sewer, river or ditch).
- b. Sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter(s); Flowmeter(s).
- c. Details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

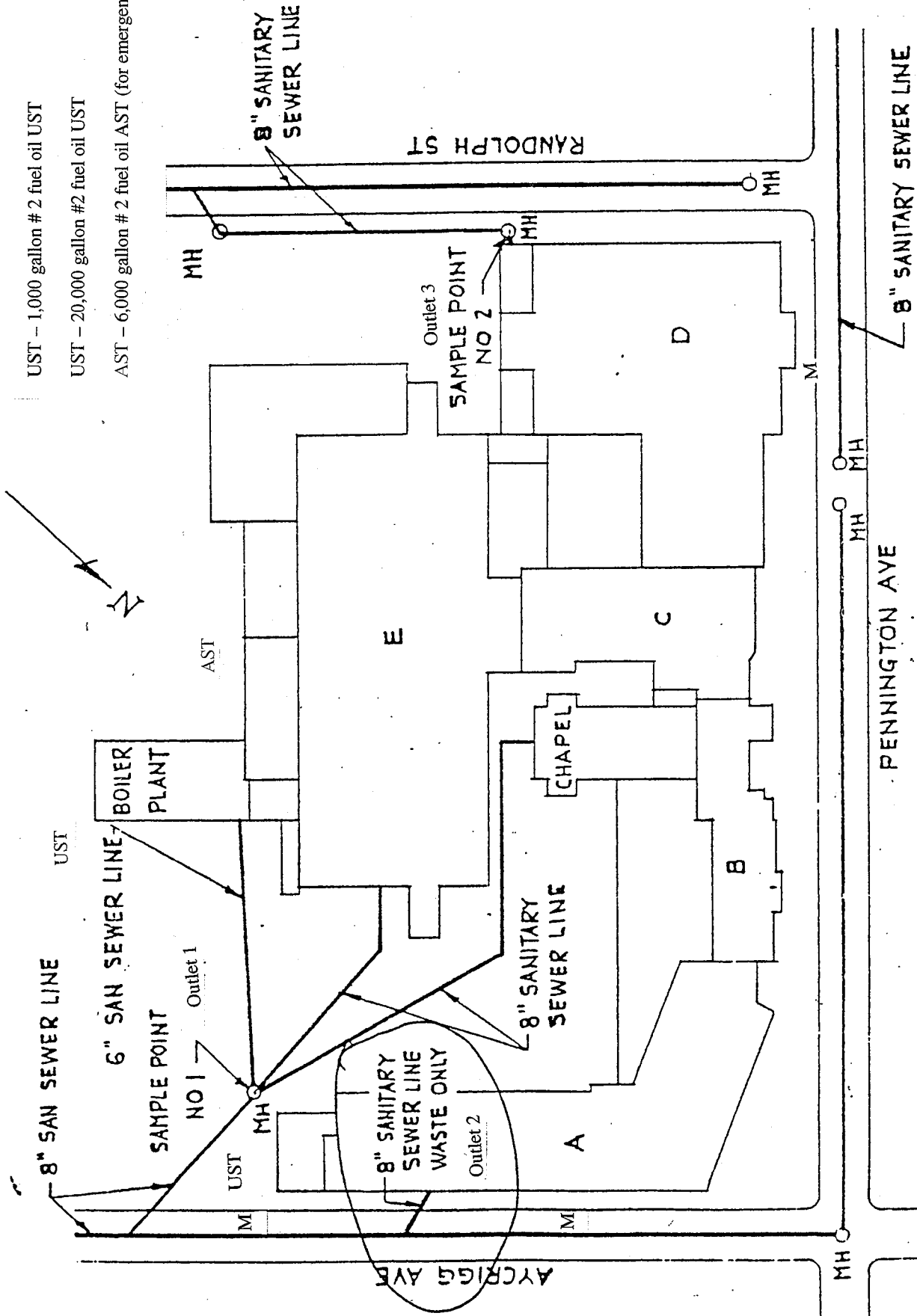
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M - Meter Location

UST - 1,000 gallon # 2 fuel oil UST

UST - 20,000 gallon #2 fuel oil UST

AST - 6,000 gallon # 2 fuel oil AST (for emergency generator)



ST. MARY'S HOSPITAL
211 PENNINGTON AVE
PASSAIC N.J. 07055

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

** (See Appendix B for Analytical Laboratory Packet)

OUTLET #: 26210004-1

Report to the nearest unit: XX. except where indicated with (1) Example: .15 mg/l			Report to the nearest hundredth: 0.XX except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)	N/A	1097*	Antimony (Sb)	N/A
0500	Total Solids	560 ppm	1002*	Arsenic (As)	N/A
0505	Volatile Solids	223 ppm	1022*	Boron (B)	N/A
0530	Total Suspended Solids	81 ppm	1027*	Cadmium (Cd)	< 0.001 ppm
0540	Volatile Suspended Solids	68 ppm	1034*	Chromium Total (Cr)	N/A
0555	Petroleum Hydrocarbons	< 0.5 ppm	1042*	Copper (Cu)	0.033 ppm
0310	Biochemical Oxygen Demand (BOD)	42 ppm	1045*	Iron (Fe)	0.477 ppm
			1051*	Lead (Pb)	0.0044 ppm
0340	Chemical Oxygen Demand (COD)	226 ppm	0720*(3)	Cyanide (CN)	< 0.02 ppm
			1900*	Mercury (Report to 0.XXX)	< 0.0005 ppm
0680	Total Organic Carbon (TOC)	44.2 ppm	1067*	Nickel (Ni)	0.0041 ppm
			1147*	Selenium (Se)	N/A
9000	pH (standard unit range)	7.54	1092*	Silver (Ag)	N/A
0610	Ammonia as N	63.1 ppm	1077*	Tin (Sn)	N/A
0550	Total Oil & Grease	5.9 ppm	1092*	Zinc	0.058 ppm
0745*	Sulfide	N/A	2730	Phenol	< 0.05 ppm
0507*	Ortho Phosphates as P	N/A	4053*	Pesticides (Report to 0.XXX)	N/A
0625*	Kjeldahl N as N	N/A	999*(3)	TTVO (Report to 0.XXX)	N/A
9998*	TTO (Report to 0.XXX)	N/A			

FOOTNOTES:

(1) Report results to the nearest tenth, i.e., 1.6 mg/l.

(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.

(2) See instructions.

(3) Grab sample required.

SECTION E (continued)

Samples collected by: Enviro-Sciences, Inc., 111 Howard Boulevard, Suite 108, Mt. Arlington,

NJ 07856 Date: 6/6/02 Samples analyzed by: Integrated Analytical Laboratories, 273

Franklin Road, Randolph, New Jersey 07869, Certified Lab ID# 14751 Date: 7/12/02-7/19/02

Products being manufactured when sample was collected: N/A

27. Who performs the analyses of the samples for User Charge: N/A

28. Is the Laboratory certified by the NJDEP to conduct all the analyses: Yes X No

29. Who performs the analyses of the samples for the Pretreatment Parameters?

N/A

_____ (If monitoring has not commenced for Pretreatment,

indicate Laboratory you plan to use. If unknown, so state): N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Yes X No

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1, 2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: Healthcare Subpart(s): _____

33. Compliance date(s): N/A

34. Is facility in compliance? N/A If not, and if compliance date has passed, explain actions being taken to get into compliance: N/A

35. Date Baseline monitoring Report (BMR) submitted to PVSC: N/A
36. Compliance schedule submitted? N/A If yes, is facility on schedule N/A Explain if compliance date will not be met: N/A
37. Does this facility come under the Resource Conservation and Recovery act (RCRA)?
No
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan? If yes, describe: N/A
39. Has this facility ever been cited by NJDEP or EPA for a violation of State or Federal
40. Regulations for the nature of its wastewater discharge? Yes _____ No X
- Is this facility under an ECRA Cleanup? No If so, has a plan been approved by NJDEP: N/A Is there any plan to discharge groundwater? No

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete, and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: Luis Collar
PRINT

Title: Director of Engineering

Date: 9-23-07 ✓ Signature: Luis Collar

***APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner, if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

Name	A	B	C	D		A	B	C	D
Acenaphthene				X	2,4 dimethylphenol				X
Acrolein				X	2,4 dinitrotoluene				X
Acrylonitrile				X	2,6 dinitrotoluene				X
Benzene				X	1,2 diphenylhydrazine				X
Benzidine				X	Ethylbenzene				X
carbon tetrachloride (tetrachloromethane)				X	Flouranthene				X
Chlorobenzene				X	4-chlorophenyl phenyl ether				X
1,2,4-trichlorobenzene				X	4-bromophenyl phenyl ether				X
Hexachlorobenzene				X	bis(2-chloroisopropyl) ether				X
1,2 dichloroethane				X	bis(2-chloroethoxy) methane				X
1,1,1 trichloroethane				X	methylene chloride (dichloromethane)				X
Hexachloroethane				X	methyl chloride (chloromethane)				X
1,1 dichloroethane				X	methyl bromide (bromomethane)				X
1,1,2 trichloroethane				X	bromoform (tribromomethane)				X
1,1,2,2 tetrachloroethane				X	Dichlorobromomethane				X
Chloroethane				X	Trichlorobromomethane				X
bis(chloromethyl) ether				X	Dichlorodifluoromethane				X
bis(2 chloroethyl) ether				X	Chlorodibromomethane				X
2-chloroethyl vinyl ether (mixed)				X	Hexachlorobutadiene				X
2-chloronaphthalene				X	Hexachlorocyclopentadiene				X
2,4,6, trichlorophenol				X	Isophorone				X
parachlorometa cresol				X	Naphthalene				X
chloroform (trichloromethane)				X	Nitrobenzene				X
2 chlorophenol				X	2-nitrophenol				X
1,2,dichlorobenzene				X	4-nitrophenol				X
1,3, dichlorobenzene				X	2,4-dinitrophenol				X
1,4, dichlorobenzene				X	4,6 dinitro-o cresol				X
3,3 dichlorobenzidine				X	N-nitrosodimethylamine				X
1,1 dichloroethylene				X	N-nitrosodiphenylamine				X
1,2, trans-dichloroethylene				X	N-nitrosodi-n-propylamine				X
2,4, dichlorophenol				X	Pentachlorophenol				X
1,2, dichloropropane				X	Phenol			X	
1,3, dichloropropylene				X					
(1,3 dichloropropene)				X					
bis(2-ethylhexyl) phthalate				X	Endrin				X
Butylbenzylphthalate				X	endrin aldehyde				X
di-n-butylphthalate				X	Heptachlor				X
di-n-octylphthalate				X	heptachlor (epoxide)				X
Diethylphthalate				X	BHC Alpha				X
Dimethylphthalate				X	BHC Beta				X
benzo(a)anthracene				X	BHC Gamma				X
benzo(a)pyrene				X	BHC Delta				X
3,4 benzofluoranthene				X	PCB-1242				X

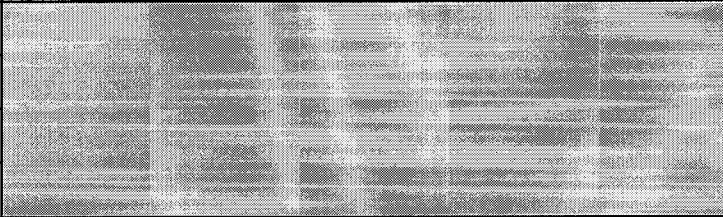
- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

benzo(k)fluoranthene				X	PCB-1254				X
Chrysene				X	PCB-1221				X
Acenaphthylene				X	PCB-1232				X
Anthracene				X	PCB-1248				X
benzo(ghi)perylene				X	PCB-1260				X
Flourene				X	PCB-1016				X
Phenanthrene				X	Toxaphene				X
dibenzo(a,h)anthracene				X	antimony (total)				X
indeno(1,2,3-c,d)pyrene				X	arsenic (total)				X
Pyrene				X	asbestos (fibrous)				X
Tetrachloroethylene				X	beryllium (total)				X
Toluene				X	cadmium (total)			X	
Trichloroethylene				X	chromium (total)				X
vinyl chloride				X	copper (total)	X			
Aldrin				X	cyanide (total)				X
Dieldrin				X	lead (total)	X			
Chlordane				X	mercury (total)			X	
4,4 DDT				X	nickel (total)	X			
4,4 DDE				X	selenium (total)				X
4,4 DDD				X	silver (total)				X
endosulfan 11				X	zinc (total)	X			
endosulfan sulfate				X	2,3,7,8, tetrachlorodibenzo				X
					p-dioxin				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

NAME	A	B	C	D	NAME	A	B	C	D
Acrylamide				X	n,n-dimethyl aniline				X
Amitrole				X	3,3-dimethyl benzidine				X
amyl alcohols				X	1,1-dimethylhydrazine				X
aniline hydrochloride				X	dioxane				X
Anisole				X	diphenylamine				X
Auramine				X	ethylenimine				X
Benzotrichloride				X	hydrazine				X
Benzylamine				X	4,4-methylene bis (2-chloroaniline)				X
o-chloroaniline				X	methyl isobutyl ketone				X
m-chloroaniline				X	alpha-naphthylamine				X
p-chloraniline				X	beta-naphthylamine				X
1-chloro-2-nitrobenzene				X	n-methylaniline				X
1-chloro-4-nitrobenzene				X	1,2-pjenylenediamine				X
Chloroprene				X	1,4-phenylenediamine				X
Chrysoidine				X	sudan 1 (solvent yellow 14)				X
Cumene				X	thiourea				X
2,3-dichloroaniline				X	toluene sulfonic acids				X
2,4-dichloroaniline				X	toluidines				X
2,5-dichloroaniline				X	xylidines				X
3,4-dichloroaniline				X					
3,5-dichloroaniline				X					
1,3-dichloropropene				X					
1,3-dimethoxybenzidine				X					

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

NAME	A	B	C	D	NAME	A	B	C	D
acetaldehyde				X	isopropanolamine				X
allyl alcohol				X	kelthane				X
allyl chloride				X	kepone				X
amyl acetate				X	malathion				X
Aniline				X	mercaptodimethur				X
Benzonitrile				X	methozychlor				X
benzyl chloride				X	methyl mercaptan				X
butyl acetate				X	methyl methacrylate				X
Butylamine				X	methyl parathion				X
Captan				X	mevinphos				X
Carbaryl				X	mexacarbate				X
Carbofuran				X	monoethyl amine				X
carbon disulfide				X	monomethyl amine				X
Chloropyrifos				X	naled				X
Coumaphos				X	naphenic acid				X
Cresol				X	nitrotoluene				X
Crotonaldehyde				X	parathion				X
Cyclohexane				X	phenosulfanate				X
2,4-D (2,4-dichlorophenoxy acetic acid)				X	phosgene				X
Diazinon				X	propargite				X
Dicamba				X	propylene oxide				X
Dichlobenil				X	pyrethrins				X
Dichlone				X	quinoline				X
2,2-dichloropropionic acid				X	resorinol				X
Dichlorovos				X	strontium				X
diethyl amine				X	strychnine				X
dimethyl amine				X	stryrene				X
Dinitrobenzene				X	2,4,5-T (2,4,5-trichlorophenoxy acetic acid)				X
Diquat				X	TDE (tetrachlorodiphenylethane)				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

Disulfoton				X	2,4,5-TP 2-(2,4,5-trichlorophenoxy)				X
Diuron				X	propanoic acid				X
Epichlorohydrin				X	trichlorofon				X
Ethanolamine				X	triethylamine				X
Ethion				X	trimethylamine				X
ethylene diamide				X	uranium				X
ethylene dibromide				X	vanadium				X
Formaldehyede				X	vinyl acetate				X
Furfural				X	xylene				X
Guthion				X	xlenol				X
Isoprene				X	zirconium				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for the SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

St. Mary's Hospital
Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which the Permit application is made.

N/A
Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Luis Collar
Street Address: 211 Pennington Avenue
City, State & Zip Code: Passaic, NJ 07055
Business Telephone: (973) 470-3044
Emergency Telephone: (973) 470-3044

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: Enviro-Sciences, Inc. / Joseph W. Pilewski, VP
Company Name: Enviro-Sciences, Inc.
Street Address: 111 Howard Boulevard
City, State & Zip Code: Mt. Arlington, NJ 07856

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: N/A
Date: _____

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certification of Authority to Transact Business in New Jersey (and attach copy).

Date: N/A

SECTION THREE

(To be completed by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One. N/A☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____
Street Address: _____
City, State & Zip Code: _____

Name: _____
Street Address: _____
City, State & Zip Code: _____

SECTION FOUR

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture---such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

N/A

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 9-23-02


Signature

Director of Engineering
Print Title and Position

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
PETER A. MURPHY
ANGELINA M. PASERCHIA
THOMAS J. POWELL
DONALD TUCKER
COMMISSIONERS



Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

Industrial Fax: (973) 344-4876

RECEIPT FOR
APPLICATION FEE
PERMIT FEE

Received from: Saint Mary's Hospital

Address: 211 Pennington Ave. Passaic

Amount of Payment: 750.00

Date of Payment 9/25/02

Payment Received by: _____

Signature: [Signature]

Amount: 750.00 Date: 9/26/02


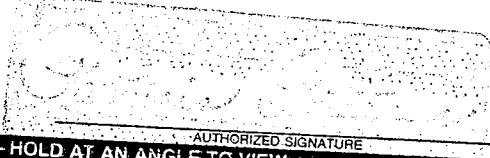
**PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT**

SECTION A

INDUSTRIAL	120-2123
8110	8115 8120 8205
SEP 25 2002	

- Company Name St. Mary's Hospital
- Permit Number if applicable: 26210004-1
- Location: 211 Pennington Avenue, Passaic, NJ 07055
- Mailing Address: same
- Person to contact concerning information provided in this application:
 Name of Contact Official: Luis Collar
 Title: Director of Engineering Phone Number: (973) 470-3044
 Address: same
- Number of Employees: Full Time: 600 Part Time: 300
 Number of Work Days Per Year: 365 work days
 Number of Shifts Per Day: 3 shifts
- If property is owned indicate block and lot number(s):

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

 ST. MARY'S HOSPITAL 211 Pennington Ave., Passaic, NJ 07055 DATE <u>9/11/2002</u>	55-138 212 121793 VALLEY NATIONAL BANK PASSAIC, NJ 07055 AMOUNT *****750.00 ST. MARY'S HOSPITAL OPERATING ACCOUNT
PAY SEVEN HUNDRED FIFTY & 00 CENTS TO THE ORDER OF PASSAIC VALLEY SEWERAGE COMMISSIONERS 600 WILSON AVENUE NEWARK NJ 07105	AUTHORIZED SIGNATURE 

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

121793 021201383 04037046 11



ST. MARY'S HOSPITAL

211 Pennington Ave., Passaic, NJ 07055

DATE
9/11/2002PAY
SEVEN HUNDRED FIFTY & 00 CENTSTO THE
ORDER
OFPASSAIC VALLEY SEWERAGE
COMMISSIONERS
600 WILSON AVENUE
NEWARK NJ
0710555-138
212

121.793

121793

VALLEY NATIONAL BANK
PASSAIC, NJ 07055

AMOUNT

*****750.00

ST. MARY'S HOSPITAL
OPERATING ACCOUNTIRENE G. AL
CHAIRMANJAMES KRC
VICE CHAIRDANIEL F. B
FRANK J. C
DOMINIC W
PETER A. M
ANGELINA
THOMAS J.
DONALD T.
COMMISS

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈ 121793 ⑈ ⑆021201383⑆ 040⑈37046⑈1⑈

AP/800

RECEIPT FOR

APPLICATION FEE

PERMIT FEE

Received from: Saint Mary's HospitalAddress: 211 Pennington Ave. PassaicAmount of Payment: 750.00Date of Payment: 9/25/02

Payment Received by: _____

Signature: [Signature]Amount: 750.00 Date: 9/26/02



St. Mary's Hospital

211 Pennington Avenue • Passaic, NJ 07055 • 973-470-3000

INDUSTRIAL <u>120-2123</u>			
8110	8115	8120	8205
SEP 25 2002			

September 24, 2002

PVSC
Industrial Department
600 Wilson Avenue
Newark, NJ 07105

Dear Sir:

Enclosed is the application packet and the required \$750 fee for St. Mary's Hospital five year sewer permit.

Should any additional information be required, please do not hesitate to contact me at (973) 470-3151.

Sincerely,

William Ermolowich
Senior Vice President
Professional & General Services

WE:amc
Enclosure